

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035532

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED OCT 14 1963

## 1. PLACE OF DEATH

a. COUNTY Cole

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Jefferson City

Length of stay in 1b  
26 yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION St. Mary's Hosp.

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Cole

c. CITY OR TOWN Jefferson City

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
615 Houchin

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First

Middle

Last

(Type or print)

David

Ne Vivian

Myers

## 4. DATE OF DEATH

Month

Day

Year

October 10, 1963

## 5. SEX

Male

## 6. COLOR OR RACE

White

## 7. Married

☒ Never Married ☐

Widowed ☐

Divorced ☐

## 8. DATE OF BIRTH

2-26-1899

## 9. AGE (last birthday)

64

## 10. IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Mechanic

## 10b. KIND OF BUSINESS OR INDUSTRY

Automobile

## 11. BIRTHPLACE (City and state or country)

Litchfield, Ill

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Jessie Myers

## 13b. MOTHER'S MAIDEN NAME

Minna Van Pool

## 14. NAME OF HUSBAND OR WIFE

Anna Hartman

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

## 16. SOCIAL SECURITY NO.

62

## 17. INFORMANT

Address

Mrs. David V. Myers, Jefferson City

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Hepatic Coma  
Cirrhosis of Liver

INTERVAL BETWEEN ONSET AND DEATH  
4 days  
8 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

#### DUE TO (c)

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I.

Bronchial Asthma

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 8:00 a.m. to 10/10/63 and last saw him alive on 10/10/63. Death occurred at 8:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Doctor or nurse)

## 22b. ADDRESS

## 22c. DATE SIGNED

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

10-13-1963

## 23c. NAME OF CEMETERY OR CREMATOR

Elmwood Cemetery

## 23d. LOCATION (City, town, or county)

Litchfield, Illinois

## 24. FUNERAL DIRECTOR

ADDRESS

Gideon N. Houser, Jefferson City, Mo.

## 25. DATE RECD. BY LOCAL REG.

11 October 1963

## 26. REGISTRAR'S SIGNATURE

Thomas E. Richter

STANDARD FORM NO. 1

1220  
1220

0  
1  
1  
1

0-8

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Gideon N. Houser

Licensed Embalmer No. 4579

P. O. Address Jefferson City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.